

From: Mary Thibault <MThibault@tesears.com>
Sent: Friday, January 24, 2014 6:50 AM
To: Rochlin, Kevin
Cc: Barbara Ritchie (BARBARA.RITCHIE@fmc.com); Chuck Scull (charles.scull@fmc.com)
Subject: FMC Corporation - Certificates of Insurance
Attachments: 13-14 - United States Environ - AL.EL - 2013-307.pdf; 13-14 - United States Environ - GL - 2013-517.pdf; 13-14 - United States Environ - UMB - 2013-43.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

In accordance with a request from Barbara Richie of FMC Corporation, attached please find Certificates of Insurance evidencing limits in place for FMC Corporation for the period 10/1/13 to 10/1/14. Please note that these certificates were previously mailed out on or about October 1, 2013.

We trust you will find the attached document to be in order. Thank you!

Very truly yours,

Mary Thibault | Technical Assistant

Thomas E. Sears, Inc.

31 Saint James Ave., Suite 1050 Boston, MA 02116

D: 617-753-1233 | F: 617-426-0061

www.tesears.com

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/27/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

THOMAS E. SEARS, INC.
31 ST. JAMES AVENUE, SUITE 1050
BOSTON, MA 02116-4101

CONTACT NAME: MARY THIBAUT / THOMAS E. SEARS, INC.
Phone (A/C. No. Ext): 617 753-1233 **FAX (A/C No):** 617 426-0061
E-MAIL ADDRESS: MTHIBAUT@TESEARS.COM
PRODUCER CUSTOMER ID #:

INSURERS AFFORDING COVERAGE**NAIC #****INSURED**

FMC CORPORATION
1735 MARKET STREET
PHILADELPHIA, PA 19103

INSURER A : Starr Surplus Lines Insurance Company	13604
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES**CERTIFICATE NO: 2013-43****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$	X		SLSLXNR03053913 (Incl. GL, AL and EL)	10/01/2013	10/01/2014	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES/(Attach ACORD 101, Additional Remarks Schedule, if more space is required)

WITH RESPECT TO THE UMBRELLA LIABILITY POLICY CITED ABOVE, UNITED STATES ENVIRONMENTAL PROTECTION AGENCY ARE ADDITIONAL INSUREDS, BUT ONLY TO THE EXTENT THAT FMC CORPORATION HAS EXPRESSLY AGREED TO INDEMNIFY THEM, IN CONNECTION WITH WORK UNDERTAKEN BY OR ON BEHALF OF THE NAMED INSURED TO THE EXTENT OF FMC'S INDEMNITY OBLIGATIONS UNDER THE CONTRACT.

CERTIFICATE HOLDER

United States Environmental Protection Agency
Attn: Kevin Rochlin, Project Coordinator
1200 Sixth Avenue; Suite 900
Seattle, WA 98101-2106

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

THOMAS E. SEARS, INC.

BY: Ronald J. Kennedy, Jr.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/27/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER

CTC ALLEGRO INSURANCE AND RISK MANAGEMENT LTD
16 BURNABY STREET
HAMILTON BERMUDA HM 11

CONTACT NAME: MARY THIBAUT / THOMAS E. SEARS, INC.
Phone (A/C. No. Ext): 617 753-1233 FAX (A/C No): 617 426-0061
E-MAIL ADDRESS: MTHIBAUT@TESEARS.COM
PRODUCER CUSTOMER ID #:

INSURERS AFFORDING COVERAGE**NAIC #****INSURED**

FMC CORPORATION
1735 MARKET STREET
PHILADELPHIA, PA 19103

INSURER A: SURETY INTERNATIONAL, LTD
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NO: 2013- 517

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE				ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	GENERAL LIABILITY				X		SINGL2013\001	10/01/2013	10/01/2014	EACH OCCURRENCE	\$5,000,000			
	X	COMMERCIAL GENERAL LIABILITY								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
		CLAIMS-MADE	X	OCCUR						MED EXP (Any one person)	\$			
										PERSONAL & ADV INJURY	\$			
										GENERAL AGGREGATE	\$5,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS – COMP/OP AGG	\$			
		POLICY		PRO-JECT							LOC		\$	
	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$			
		ANY AUTO								BODILY INJURY (Per Person)	\$			
		ALL OWNED AUTOS								BODILY INJURY (Per Accident)	\$			
		SCHEDULED AUTOS								PROPERTY DAMAGE (Per accident)	\$			
		HIRED AUTOS									\$			
		NON-OWNED AUTOS									\$			
											\$			
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$			
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$			
		DEDUCTIBLE									\$			
		RETENTION \$									\$			
											\$			
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									WC STATUTORY LIMITS		OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT	\$			
		If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE – EA EMPLOYEE	\$			
										E.L. DISEASE – POLICY LIMIT	\$			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES/(Attach ACORD 101, Additional Remarks Schedule, if more space is required)

WITH RESPECT TO THE GENERAL LIABILITY POLICY CITED ABOVE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY IS AN ADDITIONAL INSURED, BUT ONLY TO THE EXTENT THAT FMC CORPORATION HAS EXPRESSLY AGREED TO INDEMNIFY THEM, IN CONNECTION WITH WORK UNDERTAKEN BY OR ON BEHALF OF THE NAMED INSURED TO THE EXTENT OF FMC'S INDEMNITY OBLIGATIONS UNDER THE CONTRACT.

CERTIFICATE HOLDER

United States Environmental Protection Agency
Attn: Kevin Rochlin, Project Coordinator
1200 Sixth Avenue; Suite 900
Seattle, WA 98101-2106

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

SURETY INTERNATIONAL INSURANCE COMPANY

BY: Charles Scott, Jr.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/30/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER AON RISK SERVICES, INC. OF PENNSYLVANIA ONE LIBERTY PLACE 1650 MARKET STREET – SUITE 1000 PHILADELPHIA, PA 19103	CONTACT NAME: MARY THIBAUT / THOMAS E. SEARS, INC.	
	Phone (A/C. No. Ext): 617 753-1233	FAX (A/C No): 617 426-0061
	E-MAIL ADDRESS: MTHIBAUT@TESEARS.COM	
	PRODUCER CUSTOMER ID #:	
	INSURERS AFFORDING COVERAGE	
INSURED FMC CORPORATION 1735 MARKET STREET PHILADELPHIA, PA 19103	INSURER A : NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA	
	INSURER B : ILLINOIS NATIONAL INSURANCE COMPANY	
	INSURER C : THE INSURANCE COMPANY OF THE STATE OF PA	
	INSURER D : NEW HAMPSHIRE INSURANCE COMPANY	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NO: 2013-307** **REVISION**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS – COMP/OP AGG \$ \$
A A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		CA 6403951 (AOS) CA 6403950 (VA)	10/01/2013 10/01/2013	10/01/2014 10/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B B C C D D D D D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N		N/A	WC 015630772 (FL) WC 015630774 (WI) WC 015630771 (CA) WC 015630773 (MA) WC 015630779 (AOS) WC 015630775 (AZ, GA, VA) WC 015630776 (IL, KY, NC) WC 015630777 (NJ, PA) WC 015630778 (ME)	10/01/2013 10/01/2013 10/01/2013 10/01/2013 10/01/2013 10/01/2013 10/01/2013 10/01/2013 10/01/2013	10/01/2014 10/01/2014 10/01/2014 10/01/2014 10/01/2014 10/01/2014 10/01/2014 10/01/2014 10/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE – EA EMPLOYEE \$2,000,000 E.L. DISEASE – POLICY LIMIT \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES/(Attach ACORD 101, Additional Remarks Schedule, if more space is required)
WORKERS COMPENSATION INCLUDES: OTHER STATES COVERAGE, USL&H, MARITIME LIABILITY (JONES ACT), VOLUNTARY COMPENSATION, GULF OF MEXICO TERRITORIAL EXTENSION, IN REM.WAIVER OF SUBROGATION. AUTO LIABILITY INCLUDES: COVERAGE FOR ALL OWNED, NON-OWNED AND HIRED AUTOS, ADDITIONAL INSURED AS REQUIRED UNDER CONTRACT, WAIVER OF SUBROGATION, MCS 90. WITH RESPECT TO THE AUTO LIABILITY POLICY CITED ABOVE, UNITED STATES ENVIRONMENTAL PROTECTION AGENCY ARE AN ADDITIONAL INSURED

CERTIFICATE HOLDER United States Environmental Protection Agency Attn: Kevin Rochlin, Project Coordinator 1200 Sixth Avenue; Suite 900 Seattle, WA 98101-2106	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AON RISK SERVICES, INC. OF PA  BY: Catherine Seeman
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